



05-30-03

Op 2642\$
Patent
109821-25

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Naghi, et al.

Serial No. 09/727,734

Filed: November 30, 2000

For: Call-Waiting Apparatus and Method

) Examiner: Karen L. Le
)
) Art Unit: 2642
)
)
)

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUN 03 2003

Technology Center 2600

Sir:

I. DOCUMENTS ENCLOSED:

In response to the **Office Action**, which was mailed by the Patent Office on
January 30, 2003, enclosed are:

- Amendment in response to the Office Action dated January 30, 2003
- Request for One Month Extension of Time
- Check in the Amount of \$55.00 (One month extension of time filing fee)
- Return Postcard

06/02/2003 YPOLITE1 00000078 09727734

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CERTIFICATE OF EXPRESS MAILING
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office to Addressee' in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV324273523US
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Kimberly N. Lane
Name of Person Mailing Paper

May 28, 2003
Date of Deposit

Signature of Person Mailing Paper

II. REQUEST FOR EXTENSION OF TIME:

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 (a) apply.

- Applicant(s) petitions for an extension of time under 37 CFR § 1.136 (a) [fees: 37 CFR § 1.16(e)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$205.00	\$410.00
<input type="checkbox"/> three months	\$465.00	\$930.00
<input type="checkbox"/> four months	\$725.00	\$1,450.00
<input type="checkbox"/> five months	\$985.00	\$1,970.00
	Fee	\$55.00

III. FEES FOR CLAIMS

The fees for claims (37 CFR § 1.16(b)-(d))have been calculated as shown below:

Total Claims	0	-	0	=	0	x \$18.00	\$0.00
Independent Claims	0	-	0	=	0	x \$84.00	\$0.00
Multiple Dependent Claims	\$280.00	(if applicable)				<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS							\$0.00
Reduction by ½ for Filing by Small Entity.						<input type="checkbox"/>	\$0.00
One Month Extension of Time Fee							\$0.00
TOTAL FEES DUE HEREWITH							\$55.00

IV. METHOD OF PAYMENT OF FEES:

- A check in the amount of \$55.00 is enclosed to cover the above fee(s).
- The Commissioner is hereby authorized to charge Procopio's Deposit Account No. **50-2075** for any fees required that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayment to said Deposit Account No. **50-2075**.

Should you have any questions, please do not hesitate to contact our office.

Respectfully submitted,

Dated: May 28, 2003

By:


Stephen C. Beuerle
Reg. No. 38,380

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